

<i>SERFF Tracking Number:</i>	<i>ALSB-127789471</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50173</i>
<i>Company Tracking Number:</i>	<i>LK84-2 & HR88-2</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Amendment to Application/Good Health Statement</i>		
<i>Project Name/Number:</i>	<i>Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement</i>		

Filing at a Glance

Company: Allstate Life Insurance Company

Product Name: Amendment to

Application/Good Health Statement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: ALSB-127789471 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 50173

Co Tr Num: LK84-2 & HR88-2

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Kathy Kavanagh

Disposition Date: 11/07/2011

Date Submitted: 11/02/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Amendment to Application/Good Health Statement

Project Number: Amendment to Application/Good Health Statement

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/07/2011

State Status Changed: 11/07/2011

Created By: Kathy Kavanagh

Corresponding Filing Tracking Number: ALSB-
127789432

Deemer Date:

Submitted By: Kathy Kavanagh

Filing Description:

Please note that this filing is identical to ALSB-127789432, except that it is for, Lincoln Benefit Life Company Insurance, (an Allstate subsidiary) and the form numbers are different. We suggest that these two filings be reviewed simultaneously.

We submit the above-referenced forms for review and approval. These forms will be used on a general use basis with Allstate Life Insurance Company's fully underwritten life insurance products.

These forms are new and do not replace any previously approved forms.

SERFF Tracking Number:	ALSB-127789471	State:	Arkansas
Filing Company:	Allstate Life Insurance Company	State Tracking Number:	50173
Company Tracking Number:	LK84-2 & HR88-2		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Amendment to Application/Good Health Statement		
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Description of Forms:

Change to Application for Insurance Form LK84-2 allows the customer to make changes to the application. LK84-2 will be part of the application and will be attached to the policy; and, as signed, will be made a part of the customer new business file.

Good Health Statement HR88-2 is an amendment confirming the original application's health statements and allows the customer the opportunity to detail any exceptions that may have occurred. Form HR88-2 will become part of the application for the policy.

Please note that some of the variable information on the pdf of these forms was bracketed using Adobe Acrobat. Although the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

If you have any questions, please feel free to contact me. Thank you for your consideration of this matter.

Sincerely,

Kathy Kavanagh
State Filing Project Manager
Contract Development and Filing

Company and Contact

Filing Contact Information

Kathy Kavanagh, Sr. Product and Financial Analyst	kavankci@allstate.com
2940 South 84th Street	800-525-2799 [Phone] 85213 [Ext]
Lincoln, NE 68501-4142	402-328-5213 [FAX]

Filing Company Information

Allstate Life Insurance Company	CoCode: 60186	State of Domicile: Illinois
3100 Sanders Road, Suite M2A	Group Code: 8	Company Type:
Northbrook, IL 60062	Group Name:	State ID Number:
(847) 402-8112 ext. [Phone]	FEIN Number: 36-2554642	

Filing Fees

SERFF Tracking Number:	ALSB-127789471	State:	Arkansas
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Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 filing x \$50 = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$50.00	11/02/2011	53403741
Allstate Life Insurance Company	\$50.00	11/03/2011	53455144

SERFF Tracking Number: ALSB-127789471 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/07/2011	11/07/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/03/2011	11/03/2011	Kathy Kavanagh	11/03/2011	11/03/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Kathy Kavanagh	11/03/2011	11/03/2011

<i>SERFF Tracking Number:</i>	<i>ALSB-127789471</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSB-127789471	State:	Arkansas
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TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document (<i>revised</i>)	Statement of Variability		Yes
Supporting Document	Statement of Variability		Yes
Form	Change to Application for Insurance		Yes
Form	Good Health Statement		Yes

SERFF Tracking Number: *ALSB-127789471* *State:* *Arkansas*
Filing Company: *Allstate Life Insurance Company* *State Tracking Number:* *50173*
Company Tracking Number: *LK84-2 & HR88-2*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Amendment to Application/Good Health Statement*
Project Name/Number: *Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/03/2011
Submitted Date 11/03/2011
Respond By Date 12/05/2011

Dear Kathy Kavanagh,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: ALSB-127789471 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Amendment to Application/Good Health Statement
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/03/2011
Submitted Date 11/03/2011

Dear Linda Bird,

Comments:

Thank you for your 11/3/2011 objection, please see our response below.

Response 1

Comments: We have submitted the additional fee of \$50.00, and I apologize for the mistake and the inconvenience it caused.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your consideration of this matter.

Sincerely,
Kathy Kavanagh

SERFF Tracking Number: ALSB-127789471 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Amendment to Application/Good Health Statement
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Amendment Letter

Submitted Date: 11/03/2011

Comments:

Hello,

I attached the wrong Statements of Variability to this filing. This amendment corrects that mistake.

My apologies for any inconvenience this has caused you.

Kathy Kavanagh

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

ALIC HR88-2 SOV.pdf

ALIC LK84-2 SOV.pdf

SERFF Tracking Number: ALSB-127789471 State: Arkansas

Filing Company: Allstate Life Insurance Company State Tracking Number: 50173

Company Tracking Number: LK84-2 & HR88-2

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Amendment to Application/Good Health Statement

Project Name/Number: Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement

Form Schedule

Lead Form Number: LK84-2

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LK84-2	Application/ Change to Enrollment Application for Form Insurance	Initial		71.200	LK84-2.pdf
	HR88-2	Application/ Good Health Enrollment Statement Form	Initial		51.400	HR88-2.pdf

Proposed Insured: JOHN DOE

Policy No. 23467890

Allstate Life Insurance Company
Northbrook, Illinois

CHANGE TO APPLICATION FOR INSURANCE

I hereby amend my application dated [] for the policy listed above as follows:

I agree that this change will be part of the application.

CHANGES OR ALTERATIONS TO THIS FORM WILL NOT BE ACCEPTED.

Signature of Owner

Date _____

Signature of Insured

Date

Signature of Joint Owner

Date

Signature of Joint/Additional Insured

Date _____

Allstate Life Insurance Company

Northbrook, Illinois

GOOD HEALTH STATEMENT

I hereby amend my application for Policy Number 23467890.

To the best of my (our) knowledge and belief, since the original application date, no person proposed for life insurance in this application:

1. has made application for life insurance elsewhere;
2. has consulted with or been examined or treated by a physician or practitioner; or
3. has had any change in health and insurability as indicated in Part 1 and Part 2 of the application or exam, whichever is later.

All answers and statements contained in Part 1 and Part 2 of this application and any amendments thereof and supplements thereto are full, complete and true to the best of my (our) knowledge and belief as though they were given on this date.

If there are any exceptions to the above statements, give full details in the space provided. If any exceptions are given, the policy is not in force and must not be delivered. All documents for this policy, including this signed form and any policy pages, must be immediately returned to the Home Office Underwriting Department.

EXCEPTIONS:

This Good Health Statement shall be part of the application for the above-numbered policy.

CHANGES OR ALTERATIONS TO THIS FORM WILL NOT BE ACCEPTED.

Signature of Owner

Date

Signature of Insured

Date

Signature of Joint Owner

Date

Signature of Joint/Additional Insured

Date

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ALIC READABILITY.pdf		


	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This requirement is not applicable to this filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachments: ALIC HR88-2 SOV.pdf ALIC LK84-2 SOV.pdf		

ALLSTATE LIFE INSURANCE COMPANY READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least ten (10) point type, two (2) point leaded.

TITLE	FORM NUMBER	FLESCH SCORE
Change to Application for Insurance	LK84-2	71.2
Good Health Statement	HR88-2	51.4


Robert E. Transon

Vice President
Title

October 18, 2011
Date

Statement of Variability
Allstate Life Insurance Company
Form HR88-2 Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	Policy Number	Application Policy Number will be inserted
1	Exceptions	Full details of any exceptions will be inserted

(Rev. 10/19/11)

Statement of Variability
Allstate Life Insurance Company
Form LK84-2 Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	Proposed Insured	Proposed Insured's name will be inserted
1	Policy Number	Proposed Insured's assigned Policy Number will be inserted
1	Application Date	Date of the Application being amended will be inserted
1	Changes to Application	Changes to the Application will be inserted

(Rev. 10/19/11)

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/02/2011	Supporting	Statement of Variability Document	11/03/2011	LBL LBL1521-1 SOV.pdf (Superceded) LBL LBL1523-1 SOV.pdf (Superceded)

Statement of Variability
Lincoln Benefit Life Company
Form LBL1521-1 Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	Proposed Insured	Proposed Insured's name will be inserted
1	Policy Number	Proposed Insured's assigned Policy Number will be inserted
1	Application Date	Date of the Application being amended will be inserted
1	Changes to Application	Changes to the Application will be inserted

(Rev. 10/19/11)

Statement of Variability
Lincoln Benefit Life Company
Form LBL1523-1 Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	Policy Number	Application Policy Number will be inserted
1	Exceptions	Full details of any exceptions will be inserted

(Rev. 10/19/11)